

# IMPROVING CARE FOR NEWBORNS WITH SUBSTANCE EXPOSURE AND NEONATAL ABSTINENCE SYNDROME

## WV Pre-hospital Field Providers and Acute Care Facility Personnel Training

### Why This Became a Project in West Virginia

- In 2017, funding was received from the Hospital Preparedness Program grant to develop a Neonatal Abstinence Syndrome (NAS) training to address the rising number of infants requiring treatment for NAS.
- A collaborative effort took place between the West Virginia (WV) Department of Health and Human Resources' (DHHR) Emergency Medical Services for Children Program and DHHR's Office of Maternal, Child and Family Health.
- What is Emergency Medical Services for Children (EMSC)?
  - The Federal EMSC Program is designed to ensure that all children and adolescents, regardless of where they live, attend school, or travel, receive appropriate care in a health emergency.
  - The Federal EMSC Program is administered by the United States (U.S.) Department of Health and Human Services' Health Resources and Services Administration's Maternal and Child Health Bureau.
  - Since its establishment, grant funding has been provided to all 50 states, the District of Columbia, and five U.S. territories.
  - The WV EMSC Program is housed within DHHR's Bureau for Public Health (BPH), Office of Emergency Medical Services (OEMS), Division of Trauma, Designation and Categorization.
  - WV has received consistent federal EMSC funding since 2009.
- EMSC is required to work toward meeting nine federal performance measures. Substance Exposure and Neonatal Abstinence Syndrome applies to the following performance measures:

Performance Measure 04     The percent of hospitals recognized through a statewide, territorial, or regional standardized system that are able to stabilize and/or manage pediatric medical emergencies.

Performance Measure 05     The percent of hospitals recognized through a statewide, territorial, or regional standardized system that are able to stabilize and/or manage pediatric traumatic emergencies.

- What is the Office of Maternal, Child and Family Health (OMCFH)?
  - The mission of DHHR’s OMCFH is to provide leadership to support state and community efforts to build systems of care that assure the health and well-being of all West Virginians.
  - The OMCFH is the WV Title V agency.
  - As the Title V agency, the OMCFH receives the Maternal and Child Health Services Block Grant administered by the U.S. Department of Health and Human Services’ Health Resources and Services Administration’s Maternal and Child Health Bureau (HRSA MCH).
  - HRSA MCH distributes Title V grant funds to 59 states and jurisdictions in support of their mission to improve the health of America’s mothers, children and families.
  - As part of the Title V Block Grant, the OMCFH conducts a Needs Assessment every 5 years to identify areas of focus. The most recent needs assessment was conducted in 2015. At that time maternal drug use was identified as an area of concern.
  - Three objectives related to maternal substance use and NAS were incorporated into the state performance measures:
    - Increase the percentage of birthing facilities with adequate procedures for identifying and reporting NAS up to 50% by 2020.
    - Collaborate with DHHR’s OMCFH Children with Special Healthcare Needs to ensure infants diagnosed with NAS receive a referral for case management.
    - Increase prenatal referrals to home visitation programs for women who have been identified with substance use.

**Project Goal**

To provide effective and sustainable training for WV pre-hospital field providers and acute care facility personnel in the care and recognition of infants exposed to substances during pregnancy who require treatment for NAS after hospital discharge.

**Key to Success: Committee Members**

The committee was formed with the inclusion of the following key roles:

- Pediatricians
- Registered Nurses
- Paramedics
- Emergency Medical Technicians
- DHHR’s Office of Emergency Medical Services Personnel
- WV Hospital Association
- WV Perinatal Partnership
- Appalachian High Intensity Drug Trafficking Area

## **Objectives of the Improving Care for Newborns with Substance Exposure and Neonatal Abstinence Syndrome**

- History of substance use in pregnancy in WV
- Most common substances used in pregnancy
- Effects on the newborn
- Recognizing NAS
- Treatment options

### **Educational Rollout**

Through utilization of the Healthcare Preparedness Program grant dollars, *Improving Care for Newborns with Substance Exposure and Neonatal Abstinence Syndrome* training will be rolled out statewide regionally beginning March 2018. Participants invited to participate will be WV pre-hospital field providers and acute care facility personnel. Stefan Maxwell, MD and Sean Loudin, MD, FAAP, will be conducting all seven presentations.

### **Taking It A Step Further: Community Paramedicine**

In 2017, Legislative Rule was updated to allow the DHHR's Office of Emergency Medical Services to establish a community paramedicine demonstration project. A Community Paramedicine Committee which includes PEIA, hospitals, EMS agencies, and other organizations meet monthly. Currently, four agencies have applied, but only one is active.

Inclusion of a NAS component in the Community Paramedicine Program is critical due to the increasing number of newborns requiring treatment for NAS/substance-exposure. This allows the expansion of EMS involvement in the overall opioid epidemic that WV is currently facing.

- Recognize NAS signs and symptoms
- Develop treatment protocols
- Work with foster care/child protective services
- Ensure medication compliance
- Provide point of care testing
- Involve law enforcement of medication diversion
- Develop a method of tracking NAS patients through foster care ensuring compliance with Post-Hospital Care
- When called to a home where there are infants, there always should be a high index of suspicion. The goal is the safety and welfare of all inhabitants, but especially small infants and children
- Should take a history regarding use of tobacco, alcohol, and use of other drugs, and infant's length of stay in hospital
- Gather as many clues as possible using senses of smell, sight, and hearing: peruse surroundings for clues
- Infants who were treated for NAS and discharged may have recurrence of symptoms at home and may be inconsolable

## **Community Paramedicine Benefits**

- Utilize EMS providers in an expanded healthcare role
- Increase patient access to primary and preventative care
- Provide wellness intervention within the home model
- Decrease Emergency Room utilization
- Reduce hospital 30-day readmission
- Save healthcare dollars
- Identify low acuity 911 calls and offer alternative intervention
- Identify EMS Loyalty Program Members
- Assist crowded Emergency Rooms by decreasing low acuity visits
- Assist EMS agencies by decreasing turn-around delays
- Indirectly assist hospitals by decreasing Diversion Incidents
- Prevent readmissions for chronic illness
- Over time change expectations of:
  - Hospitals
  - Payers
  - Workforce
- Recognize NAS signs and symptoms
- Develop treatment protocols
- Work with foster care/child protective services
- Ensure medication compliance
- Provide point of care testing
- Involve law enforcement of medication diversion
- Develop a method of tracking NAS patients through foster care ensuring compliance with post-hospital care

## **How Do We Fund Community Paramedicine?**

The following are potential funding avenues being reviewed:

- Hospital Partner – shared funding
- Subscription service
- Parallel contact number and alternate response
- County or State Funding/Levy
- EMS Loyalty Program Member
- 911 Nurse triage
- 911 Physician telemedicine screening